				. ·					10	17	(ρ)	18/	26
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												
Effective October 1, 2003 پيرام CLAIMS AS FILED - PART I											26-6	8]
		CLAIMS A	_		ENTITY			R THAN]				
TOTAL CLAIMS			(Columni 93		(Column 2)		r	YPE RATE	T FEE	_0r _		ENTITY	. ↓
FOR			NUMBER	FILED	NUMBER EXTRA		1	BASIC FI		,	BASIC FEE	FEE -	1
TOTAL CHARGEABLE CLAIMS			23 -minus 20=		• 8			XS 9=	_	7	X\$18=		ł
INDEPENDENT CLAIMS			2- m	inus 3 =	No.			X43=	-	HOR		534	1 20
MULTIPLE DEPENDENT CLAIM P			RESENT	·				+145=	┿┈	OR	X86=		l
- 11	the difference	e in column 1 is	less than zo	ero, enter	"0" in ("O" in column 2				OR	+290=		
را	450 CLAIMS AS AMENDED - PART II								·	OR	TOTAL	22 y.	D
	(Column 1) (Column 2) (Column 3)							SMALI	ENTITY	OR	OTHER SMALL		
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
NDN	Total	23	Minus	-2	ろ	=	Γ	XS 9=		OR	X\$18=		
AME	Independent		Minus	***	3	•		X43=.		OR	X86≈		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT SEAIM								+145=		OR	+290=		
1N/27/25							. L	TOTAL		1	TOTAL		·
<u> </u>	101	(Column 1)		(Colum		(Column 3)	AL	DIT. FEI	<u> </u>	J O.,	ADDIT. FEE		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		MIĞHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRÁ		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	. 13	Minus	-0	<u>3</u>	•		XS 9=		OR	X\$18=		
AM	Incependent FIRST PRESE	NTATION OF MU	Minus LTIPLE DEP	ENDENT	CLAIM			X43=		OR	X86=		
								·145=		OR	+290=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	•	
		(Column 1)		(Colum		(Column 3)							ľ
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	er Jsly	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
9	Total	•	Minus	**		•	 	C\$ 9=		OR	X\$18=		
	Independent	•	Minus	-		•		K43=			X86=	<u> </u>	ı
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM	لى ــــــــــــــــــــــــــــــــــــ		145=		OR			
- 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290=		
	the "Highest Nur the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS d For IN THIS	SPACE is I	ess than	20, enter "20."		YOTAL OIT. FEE in the ap	propriate bo		TOTAL DOIT. FEEL IMA 1.		